

F-857
RECEIVED
CENTRAL FAX CENTER

SEP 27 2006

Akerman Senterfitt
ATTORNEYS AT LAW

Fort Lauderdale
Jacksonville
Los Angeles
Madison
Miami
New York
Orlando
Tallahassee
Tampa
Tysons Corner
Washington, DC
West Palm Beach

Esperante Building
222 Lakeview Avenue, Suite 400
West Palm Beach, Florida 33401-0183
Post Office Box 3188 mail
West Palm Beach, Florida 33402-3188
www.akerman.com
561 653 5000 tel 561 659 6313 fax

FAX COVER SHEET

From: Neil R. Jenner

Date: 9/27/06PLEASE DELIVER 14 PAGE(S) (including cover sheet) TO:

Name: U.S. Patent and Trademark Office Fax Number: (571) 273-8300
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Examiner: Briney III, Walter F.

Serial No.: 09/909,183

Inventors: Douglas Lawton YOUNGBLOOD

Docket No.: 7302-19

Please call (561) 653-5000, Ext 30005 if you do not receive all the pages.

Comments/Special Instructions

Enclosures.

- * Transmittal Form (1 page)
- * Change of Correspondence Address Form (1 page)
- * Reply to Final Office Action (11 pages)
- * This Fax Cover Sheet (1 page)

The information contained in this transmission may be a confidential attorney-client communication or may otherwise be privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this transmittal is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original transmittal to us by mail. Thank you.

Client/Matter No. 30059/193517
(WF336047.1)Equitrac ID. 8543/NRJ

PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number
09/909,183Filing Date
July 19, 2001First Named Inventor
Douglas Lewton YOUNGBLOODArt Unit
2615Examiner Name
Briney III, Walter F**RECEIVED
CENTRAL FAX CENTER****SEP 27 2006**Attorney Docket Number
7302-19 (formerly SE-1698-TL (50110))**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below).
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Change of Correspondence Address, Fax Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD. Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
The Commissioner is authorized to charge any fee deficiencies to Deposit Account No. 50-0951.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Neil R. Jetter		
Date	9/27/06	Reg. No.	46,803

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Neil R. Jetter
Date	9/27/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.